



DEPARTMENT OF FINANCE  
OSCAR KNOOT, CPP, CPPO, VCO  
PURCHASING DIRECTOR

COMMONWEALTH OF VIRGINIA  
COUNTY OF HENRICO

April 24, 2023

Ms. Lauryn Hagel  
Invo Healthcare Associates, LLC  
2003 S. Eaton Road, Suite 308  
Doylestown, PA 18901

**RE: Contract # 2183G- Speech Therapy Services**

Dear Ms. Hagel:

The annual contract the County has with your company to provide **Speech Therapy Services** is due to expire on **August 31, 2023**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **September 1, 2023** through **August 31, 2024**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Angie Woodson at [wool13@henrico.us](mailto:wool13@henrico.us) no later than May 12, 2023.

Following the receipt of this information, the County will determine whether it is in our best interest to renew the contract or re-solicit. In addition, if you agree to renew the contract for an additional one-year period, please instruct your insurance agent to provide to my attention a current copy of a certificate of insurance. **Be sure the certificate lists the County as additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5693 or email me at [fal51@henrico.us](mailto:fal51@henrico.us). Your cooperation and prompt response will be appreciated.

Sincerely,

*Eileen M. Falcone* /acw

Eileen M. Falcone, CPPB  
Assistant Division Director

EMF/acw

Except for the changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect. Please check one of the following:

\_\_\_\_\_ Yes. Renew the contract for an additional one-year period at current contract pricing.

X  Yes. Renew the contract for an additional one-year period at new contract pricing.  
(list below or attach new pricing sheet)

See attach letter


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No. Do not wish to renew the contract. If no, please provide reason below.

\_\_\_\_\_  
\_\_\_\_\_

Company Name: Invo HealthCare Associates

Date: 4/26/23

Signature: 

Title: Chief Operating Officer

Telephone#: (800) 434-4687

Email: mstringer@invohealthcare.com

SCC#: \_\_\_\_\_